

FOR THE SCHOOL'S DIRECTORATE

PARROCCHIA S. MARIA - SCUOLA DELL'INFANZIA PARITARIA "Lasciate che i piccoli vengano a me"

Codice scuola VI1A029005 - Piazza Roma 4 BOLZANO VICENTINOinfo@lasciatecheipiccolivenganoame.it - www.lasciatecheipiccolivenganoame.it Tel. e fax 0444 350177**TO BE COMPLETED BY THE SECRETARY**

R. il _____

Domanda n. ____ del _____ Residente in: capoluogo frazione fuori comune Fuori Termine

Inserita in Lista d'Attesa n. _____ Iscritto da _____ Quota Iscrizione € _____ Pag.to in _____

NOTE

APPLICATION FORM*(To be filled in CAPITAL LETTERS)*The undersigned father..... mother.....**ask to register our child with this school for the school year 2020/21****for class:** **heterogeneous (all ages together 3 to 6 years old)** **bilingual heterogeneous****Child**
Last name First Name**codice fiscale (italian social security)****WE STATE THAT:**

- 1) We acknowledge that the school is open to everyone according to Italian law 62/2000, regardless race, gender and religion.
- 2) We acknowledge that the foundation of the school's educational approach is a blend of human and Christian values. The Catholic religion is well integrated in the school's educational program; therefore, we understand that Catholic religion is part the school's teaching, following the State guidelines, while fully respecting each child's beliefs.
- 3) We received the school regulations and guidelines, particularly the regulations concerning the school organization;
- 4) We are aware that there must be mutual understanding and respect between the parent and the school in order for the child to obtain the full benefit of the education the school provide, and that the school expects parents to actively participate;
- 5) We are aware that the monthly payment for school year 2020/21 will be: 160 euro every month for the heterogeneous class and 210 euro for the bilingual heterogenous class;
- 6) We are aware that the sign-up fee is 70 euro.
- 7) We are aware that the school takes into consideration that children with certified medical conditions that require particular dietary restrictions have the right to benefit from a diversified diet. It is however always necessary to make the school aware at the time of enrollment and also provide the school with a medical certificate stating the condition. This certificate will be requested at the beginning of each school year.

(*) This form needs to be signed by both parents. If only one signature is present we will assume that this school choice is shared by both parents.

Date Signature of both parents (*) Father Mother.....

PARROCCHIA S. MARIA **BOLZANO VICENTINO**
SCUOLA DELL'INFANZIA "Lasciate che i piccoli vengano a me"

INFORMATIVA D. Lgs.vo "PRIVACY CODE"
Regolamento Europeo 2016/679 27/04/2016

As defined by the law, article 13, by the European Regulation 2016/679 regarding the protection of personal information, the school will treat personal information of the students and of their parents and guardians, such as the ones concerning physical and mental health and religious affiliation, exclusively for the management of the requested service, as well as to the training and educational purposes and administrative obligations, and will also be carried out with the use of IT tools, within the limits necessary to pursue the above mentioned purposes. The confidentiality and security of the collected data will be guaranteed.

The personal information may be communicated, according to the regulations in force and for what is within the competence, to the School Authorities and other recipients by law and regulation, to local health care facilities, to public or private organizations that collaborate with the school, to the transportation companies and those who provide food catering, to insurance companies with which the insurance policies were stipulated and, upon specific request, to any other schools in which the pupils were to be transferred. The personal data of the students can be communicated to the secretariats of the museums, exhibitions and other subjects that request them during tours and school field trips.

The data may be brought to the attention of individuals in charge of internal or external processing, whether they are employees, collaborators, or external entities. The provision of personal information is mandatory for the right performance of services and failure to provide it, would make it impossible to perform them. The personal information will not be disclosed to third parties, other countries or international organizations outside the European community. The data will be stored for a period of time not exceeding the time necessary for the pursuit of the purposes for which they are collected and processed and, in any case, in compliance with the terms of conservation required by current regulations.

The rights provided for by the above mentioned regulation are recognized to the interested parties and in particular:

- . the right to access their personal information, to request correction, updating and rectifying, if incomplete, erroneous or collected in violation of the Law, as well as to oppose their processing for legitimate reasons.
- . the right to withdraw the consent at any time without prejudice to the lawfulness of the processing carried out before the revocation.
- . the right to data portability
- . the right to file a complaint with the supervisory authority.

These rights may be wielded by submitting a request to the holder of personal information, Scuola dell'Infanzia **Lasciate che i piccoli vengano a me**, Parrocchia **S. Maria Bolzano Vicentino** Piazza Roma 4 – 36050 Bolzano Vicentino (VI)

Bolzano Vicentino, 16 dicembre 2019

The legal representative of the Scuola dell'Infanzia

Lasciate che i piccoli vengano a me

The undersigned (*first and last name*)

parent legal guardian born on _____ the _____

of _____

(*first and last name of the child*)

(*born on...the*)

DECLARES: I received a copy of this pamphlet and I GIVE my consent to provide and share personal information in accordance with what is written above.

Bolzano Vicentino, _____ Signature _____

Bolzano Vicentino, _____ Signature _____

Authorization to take pictures and audio-video

The undersigned also agree that the student can be photographed or video-taped during school activities by school staff and other persons authorized by the school. The use of this material will be strictly limited within the school for educational and training purposes, with the possibility of issuing copies to the families of the children.

Bolzano Vicentino, _____ Signature _____

Bolzano Vicentino, _____ Signature _____

According to the rules on the streamlining of administrative activity and aware of the responsibilities to be met in the event of a declaration that does not correspond to true.

The undersignedparent of
the child gender: M F
Last name First Name

STATES THAT

Their child was born in..... on

Child's codice fiscale (italian social security)

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citizenship italian other
 (if not of Italian citizenship, please include a copy of a **Permesso di Soggiorno**)

resident instreet name.....nr.....

e-mail address.....

Mother's phone number.....

Father's phone number.....

Additional phone number(s):.....

religion: catholic other

We accept that Catholic religion is taught in this school YES No

IF NOT:

refrain from the following religious/cultural activities

refrain from the following foods/ingredients

To present a photocopy shot record YES NO

Information about the child's family:

Last and first name of family member (CAPITAL LETTERS)	Place and date of birth of family member Place Date		Relationship to the child (father-mother-sister-brother-other)	Marital status (married-single-divorced-other)

That the **FATHER** has parental rights YES NO
 (Father's first and last name)

Location of employment:

Father's Codice fiscale (italian social security)

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That the **MOTHER**..... has parental rights YES NO
 (Mother's first and last name)

Location of employment:

Mother's Codice fiscale (italian social security)

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Does your child have any disability or require specific care?

YES NO (If yes, please present the school with details and doctor's note)

Does your child have any specific allergies and/or food intolerances?

YES NO (If yes, please provide information and doctor's note)

Does your child have siblings in the same pre-school or nursery (Asilo Nido Il Melograno)

YES NO

Did your child attend any school before this one?

Day care/Nursery YES NO (If so, which one.....)

Other preschool YES NO (If so, which one

I declare that the monthly fee will be paid by:

Father Mother Both Other

Date _____ Signature _____

Date _____ Signature _____

Before meeting the teacher, the parents will provide any further personal information/history of the child as per app. B of the registration application.

PARROCCHIA S. MARIA **BOLZANO VICENTINO**
SCUOLA DELL'INFANZIA "Lasciate che i piccoli vengano a me"

AUTHORIZATION

The undersigned (*first and last name*)

parent guardian

of _____
(child's first and last name)
(child's codice fiscale)

"To give my child lifesaving medicines"

(we ask you to complete the ULSS form, available at the school secretary's office)

YES NO

"To take pictures and videos of children"

I authorize the school to take video and pictures during school activities and special occasion (school parties, field trips...etc..).

These items may be displayed in the school in order to demonstrate the activities performed

YES NO

I authorize that other parents may take pictures/videos of the children during school parties or field trips.

YES NO

I authorize the school to use pictures/videos for training purposes and during parent/teacher conferences.

YES NO

The undersigned declares that any video/picture taken during school events (parties, school recitals, field trips etc.) taken by myself, by my child or by my family members and friends will only be shared between family and close friends. It will not be posted on the internet. The school will not be held responsible.

"School religious and field trips"

I give consent for my children to participate in school field trips:

YES NO

Teachers are responsible for the general wellbeing of the child during field trips. Refer to law nr. 2047/ art. 61 111/07/1980 n. 312 for more information.

Date _____ Signature _____

Date _____ Signature _____

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The undersigned (*first and last name*)

parent guardian

of _____

(*child's first and last name*)

(*child's codice fiscale*)

I APPOINT THE FOLLOWING PEOPLE TO PICK UP MY CHILD FROM SCHOOL FOR S.Y. 2020/2021

This proxy relieves the school from any responsibility and authorizes the teachers to allow the individuals indicated below to pick up the child until otherwise notified (at the first meeting with the teacher, please include an identification card)

First and last name	Relationship

Date _____ Signature _____ -

Date _____ Signature _____ -

PARROCCHIA S. MARIA BOLZANO VICENTINO
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FOR THE CHILDREN BORN PAST 12/31/2017
AND/OR FOR REGISTRATIONS RECEIVED BEYOND THE TERMS

All registration applications received after the deadline, will form a ranking according to the criteria indicated in the Regulations.

The undersigned (*last and first name*) _____

As a parent/or guardian _____

Of _____
(child's last and first name) *(child's codice fiscale)*

He/She will be on the waiting list:
Check the relevant box

- Born by January 31 2018 and who also comes from our Nido
- Born by January 31 2018
- Born by April 30 2018
- Application submitted after the deadline
- Application for the Bilingual Section received beyond numerical limits

Any availability for the children on the waiting list will be communicated at the end of the admission period and not later than March 31, 2020.

Date _____ Signature _____

Date _____ Signature _____